



# City of Chicago

## Business Affairs and Consumer Protection

Public Vehicle Operations Division • 2350 W. Ogden, First Floor • Chicago, IL 60608  
312-746-4200 • BACPPV@CITYOFCHICAGO.ORG • WWW.CHICAGO.GOV/BACP

### PUBLIC CHAUFFEUR and PUBLIC VEHICLE CHANGE OF ADDRESS / NAME CHANGE FORM v.08.30.2022

**SELECT ONE:**     CHANGE OF ADDRESS                       NAME CHANGE

**LICENSE TYPE:**     CHAUFFEUR  
(CHECK ALL THAT APPLY)     PUBLIC VEHICLE (TAXI, LIVERY, OTHER: \_\_\_\_\_)

**BACP LICENSE NUMBER:** \_\_\_\_\_ (chauffeur number, taxi number, livery number etc.)

#### CHANGE OF ADDRESS INFORMATION

➤ Provide new information below (No P.O. Boxes allowed)

- RESIDENCE
- PRINCIPAL PLACE OF BUSINESS
- BOTH

Street Address \_\_\_\_\_ Apt / Suite / Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number     cellular \_\_\_\_\_     business / other \_\_\_\_\_

Email Address \_\_\_\_\_

Effective Date of New Address: \_\_\_\_\_

#### LEGAL NAME CHANGE INFORMATION

➤ You are required to submit acceptable proof of Legal Name Change.

INDIVIDUAL FORMER NAME: \_\_\_\_\_

INDIVIDUAL NEW NAME: \_\_\_\_\_

I am authorized to complete and submit this form on behalf of the above-named City of Chicago license holder. I affirm that all the information and statements made on this form are true and correct. I understand that any misstatements, inaccuracies and/or omissions made by me in this form (intentional or unintentional) will result in applicable sanctions. Under penalties as provided by law, including, but not limited to, Chapter 1-21 of the MCC, I certify that the above statements are true and correct.

PRINT NAME: \_\_\_\_\_

Title / Relationship with License Holder: \_\_\_\_\_

**Signature:** \_\_\_\_\_                      **Date Submitted:** \_\_\_\_\_

**BACP OFFICE USE ONLY:**

Date Received (date stamp)

_____ CS Staff Initials	_____ Date Processed
_____ PV Staff Initials	_____ Date Processed